BY ORDER OF THE COMMANDER
6TH AIR REFUELING WING

MACDILL INSTRUCTION 40-300

9 MARCH 1999

Medical Command

MANAGEMENT OF THE FAMILY ADVOCACY PROGRAM (FAP)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction establishes the MacDill Air Force Base Family Advocacy Program (FAP) and provides guidance on its operation. Refer to AFI 40-301, Family Advocacy, for additional guidelines, policies, procedures, and delegation of authority. It assigns responsibilities and explains procedures for the management of the FAP. This instruction requires the identification of Air Force exceptional family members, and mandates reporting of all incidents of family maltreatment by all base organizational units, active duty members, and civilians assigned to official duty working at MacDill Air Force Base.

SUMMARY OF REVISIONS

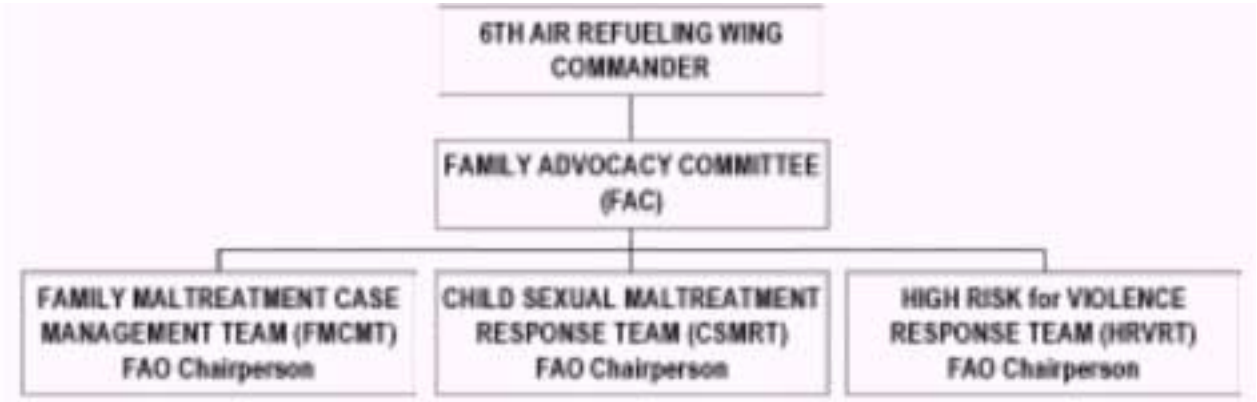
This revision replaces the Outreach Program Management Team with the Integrated Delivery System (IDS); defines the role of the newly activated High Risk for Violence Response Team (HRVRT); establishes the Incident Status Determination Review (ISDR) process (para **3.1.2.**); defines the role of the Family Maltreatment Case Management Team (FMCMT) in incidents resulting in death (para **3.3.3.3.4.**); changes measures to be taken by the 6th Security Forces Squadron (6 SFS) (para **3.3.4.2.2.**); and more clearly defines the role of the Child Sexual Maltreatment Response Team (CSMRT) (para **3.3.4.7.**).

1. References: All applicable references are listed in AFI 40-301. Definitions are contained in **Attachment 1**.

2. FAP Components: The FAP has three major components designed to promote the health, welfare, and morale of Air Force families. They include outreach, Exceptional Family Member Program (EFMP), and family maltreatment intervention. The Family Advocacy Committee (FAC) provides oversight of the implementation and operation of each program component. The IDS provides installation prevention programs that accomplish the shared mission of the member agencies; the EFMP Care Management Team (CMT) provides services for families having exceptional medical or educational needs; the FMCMT pro-

vides services associated with family maltreatment intervention; the HRVRT provides for a coordinated community response to high risk/potentially dangerous/lethal spouse maltreatment cases; the CSMRT provides the initial management of each child sexual abuse referral, and facilitates a collaborate effort with interagency involvement; the ISDR process was developed in response to concerns that FAP clients have no recourse if they disagree with FMCMT decisions. Figure I illustrates the organizational structure of the installation-level FAP. The local FAC supervises each component of the FAP.

Figure 1. Organizational Structure for Family Advocacy Program



3. Assigned Responsibilities and Program Components:

3.1. The Commander, 6th Air Refueling Wing (6 ARW/CC), or his designee, is responsible for the successful operation of the local FAP, ensuring program effectiveness and gathering all necessary support. In assuring the program is effective and receiving all the required support, he will:

3.1.1. Ensure that the local military investigative and rehabilitative agencies cooperate with the appropriate municipal and State of Florida Department of Children and Family Services investigators and social workers who are legally mandated to investigate for prosecution, or to formulate treatment plans for child abuse/neglect cases. This includes facilitating the investigations by civilian authorities of housing and living conditions to substantiate a legal case of child neglect, or the interviewing of parents or significant others (baby-sitters, witnesses, or suspects) to establish a legal case of child abuse. If a crime is committed by Air Force personnel or on Air Force installations, or if it is otherwise of interest to the Air Force, the Air Force Office of Special Investigations (AFOSI) will thoroughly investigate and refer it to appropriate authorities for action. The Air Force has primary jurisdiction over its personnel on and off base. The 6th Medical Operations Squadron, Family Advocacy (6 MDOS/SGOHF), will cooperate with the Department of Children and Family Services; however, AFOSI and the USAF investigative interests take precedent.

3.1.2. Assist, when necessary and appropriate, in mobilizing installation resources to remedy or alleviate conditions related to both child and spouse abuse. This includes, but is not limited to enlisting the support of squadron commanders so duty schedules or temporary duty obligations can be modified. This action will permit a member who is identified as being the sponsor of a family with an abuse problem to receive intervention services as well as offering additional emotional

support or any other assistance to his/her family members to alleviate stress to the family unit. The 6 ARW/CC will assure that the Family Advocacy Case Management Team findings are carried out. Intervention mandates for uniform military members are determined by the FMCMT. When requested by FAP clients, the ISDR process will be initiated. The FAC representative(s) with ISDR duties will be appointed in writing by the FAC chairperson and will not be a FMCMT member. All 6 ARW and tenant organizations are bound to follow FMCMT findings and mandates.

3.1.3. Establish a FAC in accordance with membership requirements listed in AFI 40-301.

3.1.4. Serve as a member of the FAC or delegate this responsibility to the Commander, 6th Support Group (6 SPTG/CC), in accordance with AFI 40-301.

3.2. The FAC serves as a policy-making group and oversees agencies having functional responsibility in the local FAP. The committee, chaired by the Commander, 6th Medical Group (6 MDG/CC), or his designee, is responsible for the following:

3.2.1. Establishing written policy and procedures for the development and implementation of the FAP.

3.2.2. Providing the required resources for implementation of the FAP.

3.2.3. Coordinating activities of individual organizations having functional responsibilities in the FAP.

3.2.4. Monitoring training programs for personnel having responsibilities in support of the FAP.

3.2.5. Establishing a cooperative working relationship with local community agencies.

3.2.6. Ensuring a written Memorandum of Understanding (MOU) exists between installation and local child protective services and reviewing it annually.

3.2.7. Establishing and appointing members of the FMCMT, CSMRT, IDS, and the HRVRT.

3.2.8. Monitoring the activities of the three FAP management teams, reviewing their policy recommendations, and ensuring their effectiveness.

3.2.9. Reviewing unusually sensitive cases or those requiring special intervention as determined by the CMTs.

3.3. Family Advocacy Program:

3.3.1. Family Maltreatment:

3.3.2. Purpose: Appoint Family Advocacy Officers (FAO) responsible for investigation of family maltreatment to identify, report, intervene, and prevent maltreatment of Air Force family members.

3.3.3. FMCMT:

3.3.3.1. The FAO is responsible for the family maltreatment component of the FAP, and will serve as the chairperson of the FMCMT.

3.3.3.2. The composition of the FMCMT includes the Family Advocacy Treatment Manager(s), the Family Advocacy Nurse, a pediatrician, an AFOSI representative, a child advocacy protective service representative, a 6 SFS representative, a Staff Judge Advocate (6

ARW/JA) representative, Tinker Elementary representative, Family Support Center (FSC) representative, chaplain, and others as needed on a case-by-case basis.

3.3.3.3. Procedures:

3.3.3.3.1. Conduct an investigation with the 6 SFS and/or AFOSI and ensure preliminary risk safety and bio-psychosocial assessment of all alleged family maltreatment cases.

3.3.3.3.2. Implement procedures for ensuring the safety of alleged family maltreatment victims.

3.3.3.3.3. Review all referrals of alleged family maltreatment, make case status determinations, and develop intervention plans as appropriate.

3.3.3.3.4. Conduct a case review, or open a FAP record when a death occurs due to maltreatment or suspected maltreatment. Immediately inform the installation and medical treatment facility commanders, servicing AFOSI, and local Child Protective Service. The High Incident Worksheet will be faxed to Air Force Medical Operations Agency, Office of the Surgeon General (AFMOA/SGOF) and the Major Command Family Advocacy Program Manager (MCFAPM) within 24 hours of the incident/referral. Telephone verification of receipt of the fax will be made to both agencies during the same or next day.

3.3.3.3.5. Document FMCMT meetings and decisions, and refer to cases by the case numbers in minutes. Findings of the FMCMT are binding to the Command for implementation.

3.3.3.3.6. Meet at the call of the chairperson but at least monthly.

3.3.4. Reporting: All agencies, departments, or individuals affiliated with MacDill Air Force Base will report all identified incidents of suspected or established family maltreatment directly to the Family Advocacy staff, 6 SFS, and AFOSI. Medical providers will report the specifics of their findings to the Department of Children and Family Services at 1-800-342-9152 and FAP staff. All tenants must comply. Outlying military organizations will report to Family Advocacy and their service chain of command. Outlying units are obligated by MOU or service instruction.

3.3.4.1. The 6th Medical Group personnel will:

3.3.4.1.1. Provide for the necessary medical treatment and documentation of the injuries.

3.3.4.1.2. Notify the FAO who then conducts an investigation along with the 6 SFS and AFOSI.

3.3.4.1.3. In alleged child maltreatment, if the parent refuses to cooperate with medical examination, treatment, or hospitalization, contact the FAO, Director, Base Medical Services, 6 SPTG/CC, and 6 ARW/JA.

3.3.4.1.4. In alleged spouse maltreatment, be sensitive to the clues of possible spouse abuse trauma, especially when trauma is unexplained and inconsistent with the nature of the injury.

3.3.4.1.5. All 6 ARW units and tenant organizations suspecting the abuse of the elderly or disabled are required to report suspicions to the Department of Children and Family Services reporting hotline (800-342-9152). The FAP has no regulatory authority to investigate allegations of elder abuse or the abuse of disabled adults.

3.3.4.2. 6 SFS:

3.3.4.2.1. 6 SFS officers responding to reported incidents of alleged family maltreatment will secure the safety of the individual involved.

3.3.4.2.2. Appropriate Operations Flight (6 SFS/SPO) personnel will screen the police blotter daily and notify the FAO of all incidents involving suspected or established cases of maltreatment. After duty hours, Emergency Medicine will notify the Mental Health Services on-call provider of any incidents. A copy of DD Form 1569, Incident/Complaint Report, will be sent to the FAO for inclusion in the FAP record.

3.3.4.2.3. 6 SFS officers responding to reported incidents of alleged family maltreatment may consult with the FAO or receive assistance in dealing with abusive or neglecting families. Field investigators will produce investigative reports detailing the occurrence, i.e., pictures and/or witness statements.

3.3.4.2.4. In alleged family maltreatment cases, 6 SFS personnel will contact the member's commander and/or first sergeant.

3.3.4.3. AFOSI:

3.3.4.3.1. The FAP liaison AFOSI agent will notify the FAO of all cases involving suspected or established family maltreatment that come to the attention of the installation AFOSI. In turn, the FAO will notify the AFOSI duty agent as soon as possible upon receipt of information concerning family maltreatment.

3.3.4.3.2. AFOSI personnel will notify the FAO when a Defense Criminal Investigation Index check reveals information regarding previous incidents involving the family in question.

3.3.4.3.3. Coordinate with all investigative agencies involved for the purpose of determining which agency has primary jurisdiction over the matter. Coordination will also be made through 6 ARW/JA.

3.3.4.4. Commanders and First Sergeants will:

3.3.4.4.1. Coordinate with the FAO to provide a safe environment for the victim.

3.3.4.4.2. Issue appropriate orders, including but not limited to no contact orders or orders to reside in the dormitory, after consultation with 6 ARW/JA, when the command is informed that the victim or the family may be at risk. The Family Advocacy staff will provide the command with a risk assessment recommendation.

3.3.4.4.3. Report all episodes of domestic violence and all suspicions of family maltreatment to the FAO to arrange for an evaluation and subsequent intervention. Reporting suspected maltreatment is mandatory per AFI 40-301, Section 1.19. Upon completion of evaluation, follow the mandates of the FMCMT.

3.3.4.4.4. Administer an equitable and appropriate administrative and/or punitive action in relation to the nature of the incident in substantiated cases of family maltreatment. Air Force policy is to provide the offender with a therapeutic solution to his or her misconduct as a first response option.

3.3.4.5. 6 ARW/JA: In addition to acting in an advisory capacity, the 6 ARW/JA will:

3.3.4.5.1. Evaluate evidence obtained by Air Force law enforcement officials and advise on legal actions to be considered by commanders for incidents involving family maltreatment.

3.3.4.5.2. Provide legal guidance to victims: Victim rights and Department of Defense programs on victim assistance.

3.3.4.6. Mental Health personnel will inform the Family Advocacy staff of known or suspected instances of child or spouse abuse. When drugs or alcohol are a factor in suspected or substantiated cases of family maltreatment, the Family Advocacy and Mental Health staffs will work together to ensure proper treatment.

3.3.4.7. Child Care Services: All personnel employed by, or volunteering in, any base facility utilized by children and teenagers must report any indications of child abuse or neglect to the Family Advocacy staff. In referrals involving child sexual maltreatment allegations, the Child Sexual Maltreatment Response Team (CSMRT) will be activated.

3.3.4.8. Family Support Center (FSC) will:

3.3.4.8.1. Refer family members with exceptional medical or educational requirements to the EFMP office.

3.3.4.8.2. In accordance with AFI 51-201, Administration of Military Justice, maintain information on available counseling and support programs, acting as the focal point between victims and those programs. The FSC director works with other installation agencies to identify victims' needs and determine appropriate forms of assistance and resources available through military and community services. The FSC provides information to victims on available medical, financial, legal, and other social services, and assists victims in obtaining those services.

3.3.4.9. All active duty personnel and civil service employees must report all suspected family maltreatment to the Family Advocacy staff.

3.3.4.10. Other Agencies: The Family Advocacy staff will involve other military agencies having functional responsibilities in the program per AFI 40-301 on an as needed basis. Community agencies and resources will also be utilized in the operation of the local FAP. It is mandatory for all active duty and civilian employees to report suspected family maltreatment.

JAMES N. SOLIGAN, Brig Gen, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

Terms

Abuse—. Nonaccidental physical injury or emotional disturbance as evidenced by, but not limited to scratches, lacerations, skin bruising, bleeding, malnutrition, sexual maltreatment or abuse, burns, bone fractures, subdural hematoma, soft tissue swelling, and unexplained death; or where the history given concerning such condition, or where circumstances indicate that the condition may not be the product of an accidental occurrence.

Advocacy Assistance.—Direct consultation and counseling regarding entitlements guaranteed under state and federal laws. Represents client's position to advance the client's position when a clear right of entitlement exists.

Child.—A person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of mental or physical incapacity and authorized treatment in a military treatment facility.

Child Sexual Abuse.—Includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, or the rape, molestation, prostitution, or other such conduct, or other forms of sexual exploitation of children, or incest with children. All sexual activity between an offender and a child is sexual maltreatment. Child sexual abuse can be perpetrated by an adolescent.

Elder Abuse.—Includes the willful physical assault or willful failure to provide necessary caretaker services to an elderly person in their care. Elder abuse laws focus on medical facilities and private homes where elderly people are being cared for because they are unable to care for themselves. To be charged with abuse of the disabled or elderly, you must have a caretaker relationship with the victim. (See FS Law 415.00)

"Elderly" Person.—A person 60 years of age or older who is suffering from the infirmities of aging as manifested by advanced age or organic brain damage, or other physical, mental, or emotional dysfunctioning to the extent that the ability of the person to provide adequately for the person's own care or protection is impaired. Family Advocacy's mission consists of active duty service members and their dependents. Family Advocacy is not responsible for elder abuse. Follow the proper notification procedures as outlined in this instruction for guidance.

Emotional Maltreatment.—Behavior on the part of a spouse or caretaker that causes low self-esteem in the spouse or child, undue fear or anxiety, or other damage to the victim's emotional well-being. This includes emotional abuse that is active, intentional berating, disparaging behavior; and/or emotional neglect that is passive or passive and aggressive, inattention to the victim's emotional needs, nurturing, or emotional well-being.

Exceptional Educational Needs.—Educational requirements that are outside the scope of "mainstream" classes and require educators with specialized training and certification.

Exceptional Medical Needs.—Physiological, psychological, or social conditions of a chronic nature that

have been medically diagnosed and that require specialized treatment services.

Exploitation.—Forcing a child to look at the offender's genitals, exposure of a child's genitals, talking to a child in an inappropriate sexually explicit manner, peeping at a child while undressed, or involving a child in sexual or immoral activity, such as pornography or prostitution; the offender does not have direct physical contact with the child.

Neglect.—Acts of omission or commission that result, or could reasonably be expected to result, in physical or emotional harm to the victim. This includes, but is not limited to failure to provide the victim with nourishment, clothing, shelter, health care, education, and supervision. "Failure to thrive" may be evidence of neglect.

Spouse Maltreatment.—Acts of omission or commission that result, or could reasonably be expected to result, in physical or emotional harm to the spouse including assault and battery, threat to injure or kill, or other acts of force or violence, or emotional abuse inflicted on a partner in a lawful marriage. Florida law defines spouse abuse as unwanted touch to include hitting, slapping, punching, physically restraining, pushing, shoving, biting, pulling hair or clothing on a person’s body, kicking, etc. Domestic assault and domestic battery are categorized in misdemeanor and felony level law violations.

Supervision of Children:—The Family Advocacy Committee developed the following guidelines to assist parents with developing a child safety plan. The following guidelines are recommended:

IN THE COMMUNITY:

Ages 5 and under: Need constant supervision. Cannot walk to school unless under the supervision of an adult or a child at least 9 years old.

Ages 6 to 8: Need periodic supervision (recommend hourly checks). Can play outside in the vicinity of their own homes as long as they are not near high traffic areas. They may walk to school. The child must be at the designated area where the supervisor can check on him or her and know where their supervisor is at all times.

Ages 9 and up: Need occasional supervision (recommend checks every two to three hours).

IN THE HOME:
A child under the age of 9 should not be left unsupervised at home.

A child aged 9 to 11 should not be left unsupervised at home except for reasonably short periods of time (recommend up to three hours).

Only children 12 years or older may baby-sit. Recommend the Red Cross Baby-sitting course.

When an appropriately aged child is left alone, he or she is left with a key, emergency telephone numbers (including the number where parents can be reached), and the expected time of parent’s return. In addition, the child should have the name and telephone number of an adult who can be immediately available in case of an emergency. The designated adult must be aware of his or her responsibility.

IN MOTOR VEHICLES:
A child under the age of 9 should not be left unattended in a vehicle for any period of time unless supervised by a child at least 12 years old. Furthermore, the vehicle should not, under any circumstances,

be left with the keys in the ignition.

The above guidelines are ONLY GUIDELINES. It is important before deciding to leave your children alone to assess whether or not your children are comfortable being left alone and whether they are emotionally mature enough to be left alone, and finally whether or not there is a safety plan in place. In general, always use common sense to guide your actions. When leaving your child alone for the first time, do so only for a short period of time, then work up to longer periods. If you should leave your child alone, these guidelines will help make the experience safe and less stressful for you and your child.